

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **HT529640**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention side is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

| OFFICER INFORMATION  |                                   | INCIDENT INFORMATION  |  |
|--|-----------------------------------|---|--|
| NAME (LAST - FIRST - M.I.)<br>[REDACTED]   |                                   | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR   |  |
| STAR NO.<br><b>12748</b>   | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br>[REDACTED]   |  |
| DATE OF APPOINTMENT<br><b>17-DEC-2001</b>  | EMPLOYEE NO.<br>[REDACTED]        | CITY <input checked="" type="checkbox"/> CHICAGO  | STATE (if outside Chicago)               |
| UNIT OF ASSIGNMENT<br><b>008</b>   | BEAT/CALL NO.<br><b>0835R</b>     | LOCATION CODE<br><b>304-STREET</b>  | BEAT OF OCCURRENCE<br><b>0814</b>        |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F  | RACE<br><b>WHITE</b>              | DOB<br>[REDACTED]   | DATE OF OCCURRENCE<br><b>06-OCT-2011</b> |
| HEIGHT<br><b>507</b>   | WEIGHT<br><b>110</b>              | TIME<br><b>02:54:00</b>   | DAY OF WEEK<br><b>THURSDAY</b>           |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED   |                                   | NO. OF OFFICERS BATTERED <b>1</b>   |  |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____<br><input type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER  |                                   | WORKING:<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____<br>PATROL TYPE:<br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SOUADROL<br><input type="checkbox"/> F. OTHER _____  |  |
| TYPE OF ACTIVITY   |                                   | MANNER OF ATTACK  |  |
| <input type="checkbox"/> A. AMBUSH -NO WARNING<br><input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____<br><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____<br><input type="checkbox"/> K. OTHER |                                   | <input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)  |  |
| TYPE OF INJURY TO OFFICER  |                                   | TYPE OF WEAPON/THREAT   |  |
| <input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE   |                                   | (Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER _____<br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT<br><input type="checkbox"/> I. BLUNT INSTRUMENT<br><input checked="" type="checkbox"/> D. HANDS/FISTS<br><input type="checkbox"/> E. FEET<br><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)<br><input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> H. OTHER (SPECIFY) _____ |  |
| LIGHTING CONDITIONS AT INCIDENT  |                                   | FIREARM USE INFORMATION (Check all that apply):   |  |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR<br><input checked="" type="checkbox"/> 2. GOOD   |                                   | <input type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON  |  |
| WEATHER CONDITIONS   |                                   | OFFENDER INFORMATION  |  |
| <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND   |                                   | SEX      RACE      DOB<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F <b>BLACK</b> [REDACTED]<br>CB NO.      IR NO.<br><b>18251790</b>   |  |
| APPROXIMATE OUTDOOR TEMPERATURE: <b>58 °F</b>  |                                   | WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED?      GANG RELATED?  |  |
|  |                                   | <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN   |  |
|  |                                   | NO. OF OFFENDERS PRESENT? <b>1</b>  |  |

**LOG # 1049077**  
A. 11 - 11 - 11

LOG # 1049077  
Attachment # 8

REPORTING MEMBER - SIGNATURE

STAR NO.  
12748

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
WALSH, DENNIS P 107